

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-003152

STATE FILE NUMBER

AMENDED

Registration District No. 280

Primary Registration District No. \_\_\_\_\_

Registrar's No. 12

FILED FEB 13 1962

## 1. PLACE OF DEATH

a. COUNTY

Platte

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN

Parkville

Length of stay in 1b

42 yrs

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

at home

Inside Limits

Yes ☐ No ☒

## 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)

a. STATE

mo

b. COUNTY

Platte

admission)

c. CITY

OR TOWN

Parkville

Inside Limits

Yes ☐ No ☒

d. STREET ADDRESS

(If outside, give location)

R-1 Bx 288

Reside on Farm

Yes ☒ No ☐

## 3. NAME OF DECEASED

(Type or print)

First

Middle

Last

Franklin - Kamphefner

4. DATE OF DEATH

Month

Day

Year

Jan. 26 - 1962

## 5. SEX

male

## 6. COLOR OR RACE

white

## 7. Married

Never Married ☐Widowed ☐Divorced ☐

## 8. DATE OF BIRTH

9/11/1917

## 9. AGE (last birthday)

44

## IF UNDER 1 YEAR

Months

## IF UNDER 24 HR

Days

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Rural carrier

## 10b. KIND OF BUSINESS OR INDUSTRY

mail

## 11. BIRTHPLACE (City and state of country)

Waldron mo

## 12. CITIZEN OF WHAT COUNTRY

USA.

## 13a. FATHER'S NAME

Fred Kamphefner

## 13b. MOTHER'S MAIDEN NAME

Bertha Lawler

## 14. NAME OF HUSBAND OR WIFE

Wilda Kamphefner

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, or unknown) (If yes, give year or dates of service)

yes WWII NAVY

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Wilda Kamphefner

## Address

Parkville, Mo

## 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Acute ventricular fibrillation

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

Acute coronary occlusion

## DUE TO (c)

## INTERVAL BETWEEN ONSET AND DEATH

5 min

1/3/62

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☐

## 20a. ACCIDENT

☐

## SUICIDE

☐

## HOMICIDE

☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour

a.m.

Month, Day, Year

## 20d. INJURY OCCURRED WHILE AT WORK

NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

## 21. I attended the deceased from

1/2/62 to 1/26/62

and last saw her alive on 1/25/62

## Death occurred at

3:05 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

J. G. Schaefer MD

## 22b. ADDRESS

1405 E. 31st St. Mo

## 22c. DATE SIGNED

1/29/62

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

## 23b. DATE

Jan 29-62

## 23c. NAME OF CEMETERY OR CREMATOR

Walnut Grove

## 23d. LOCATION (City, town, or county)

Parkville

## (State)

Mo

## 24. FUNERAL DIRECTOR

## ADDRESS

Leland H. Francis Parkville

## 25. DATE RECD. BY LOCAL REG.

Jan - 29, 1962

## 26. REGISTRAR'S SIGNATURE

B. P. Ralline

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Leland H. Francis

Licensed Embalmer No. 3451

P. O. Address Parkville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.